Organization Name



Purchases or Sales of Specialty Items by Carnival Organizations

Application/Exemption Certificate

Louisiana R. S. 47:301(13)(I)i) and 305.40

Mail to:

Louisiana Department of Revenue Revenue Processing Center P. O. Box 4998 Baton Rouge, LA 70821-4998

Phone: (855) 307-3893

PLEASE PRINT OR TYPE.

Location Address	City			State	ZIP
Mailing Address	City			State	ZIP
Is your organization a bona fide non-profit organiz	ration? Yes	☐ No If yes, p	please attach non-profit d	eterminatio	on letter from the IRS.
Is this organization sponsored by another bona fic	de non-profit carniv	al organization?	Yes No If ye	es, please	name the organization.
List the event/events and dates at which men	mbers will use th	ne Mardi Gras s	specialty items sold by	this orgar	nization.
List the type of "specialty items" to be sold b	y the organization	on.			
The organization above hereby applies for exitems to its members as granted under the prexemption from sales and use tax on the purcertifies that it is a bona fide nonprofit organiz next Mardi Gras season that it will sponsor or The exemption is limited to specialty items that	ovisions of Louis chases of specia tation domiciled i that will be spo at are specifically	siana R.S. 47:3 alty items for us n Louisiana, ar nsored by anot v designed for t	01(13)(I)(i) and 47:305 se in connection with North Individual that the organization her bona fide nonprofithe carnival or nonprofith	.40. The olardi Gras will partion carnival of	organization also applies for activities. The organization cipate in a parade during the organization. tion and bear the carnival or
nonprofit organization's name or insignia, inclu Qualifying purchases are subject to state sales	· ·			d coasters	
,		le State Sale			
_	From	То	Rate		
	4/1/2016	6/30/2016	5%		
	7/1/2016	6/30/2018	3%		
	7/1/2018	3/31/2019	0%		
Notice to Dealer: Report this sale under ex Under penalty of perjury, I declare that I h the best of my knowledge and belief it is	nave examined t	his application	n for exemption and a	ıccompar	nying documents, and to
Name and title of office			ses on behalf of th	ne organ	ization.
Name		Title			
	of the organiz		ting the application	ո.	
Name		Title			
Signature I		Date (mn	Date (mm/dd/yyyy)		
	FOR	OFFICIAL U	JSE		
Approved for the	Mardi G	rac Saacan			
☐ Disapproved					
☐ Disapproved		ias Seasoii.	Exemption expires		, 20

Questions about the completion of this application should be sent to sales.inquiries@la.gov.